EASTERN SHAWNEE TRIBE2011-2012 SCHOLARSHIP/ON THE JOB TRAINING APPLICATION

Applicant:	DOB:	M:	F:
Roll #: SS#:	Student ID #:		
Phone:or	r E-mail:		
Address:	City:	State:	Zip:
Name of School:			
Address:	City:	State:	Zip:
Phone:	Is this institution	. Private: Y/N	For-Profit: Y/N
Bursar Fax #:	Financial Aid Fax #:		
Application is for: Fall(11)	Winter(12) Spring(12) Sur	mmer(12)
Currently seeking: Associate _	Bachelor Mas	ters	Doctorate
Major:			
Please specify amounts/length tension of the Enrolled in:	for the following dits Clock Hours Training	; Week	s/Months Training
College Credit Courses will be:	On-Campus credit hours	On-Line	credit hours
As an applicant for Education another tribe and that I am represented documents. I agree the enrollment/training status. I to lose Tribal benefits. I further placed on Probation. Withdr	High School Transcript (4) Accepting Schedule (6) Result of Finance on Benefits, I understand that I responsible for seeing that the Ed to notify the Education Departmalso understand that I must maintain awing from classes after final drats. I have read the current School	cial Aid/Schola may not receiv ucation Depart ent of any cha g false informat cain at least a 2 op date will af	rships Received e an award from ment receives the nges in my ion may cause me0 GPA or be fect future
Applicant's Si	gnature	Date	
	RELEASE OF INFORMATION	ON	
School Billing, Grades/Progres	s Report, Enrollment, Financial A	Aid Report, Att	•
•	918-66-5223 Fax: 918-666-5227	•	• ,
	SS#	Da	te
Applicant's Signature			